UTILITY PATE	ATTORNEY DOCKET 83075ANAB							
TRANSMITTAL UNDER 37 CFR 1.53(b)				Customer No. 01333				
To: Commissioner for	Patent	s		Express	Mail La	bel No.	2 2 10	
P.O. Box 1450							S. F	
Alexandria, VA. 22313-1450				EV 2935	09916 U	S	2,5	
DISPLAY APPARATUS USING A WIRE GRID POLARIZING BEAMSPLITTER WITH COMPENSATOR				Date: _	NOVE	<u>mber 13,200</u>	الالالالالالالالالالالالالالالالالالال	
First Named Inventor (or Application Identifier):								
Andrew F. Kurtz, et al								
Enclosed are: 1. X Specification				6.	_	nment of the invention to)	
2. 17 Sheet(s) of drawing(s)				7. Certified copy of a priority				
3. X Information Disclosure Statement Under 37 CFR 1.97.				8. Associate Power of Attorney				
4. Combined Declaration for Patent Application and Power of Attorney:								
 4a. X · New 4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed) 								
5. Incorporation by Reference (useable if Box 4b is 9. Deletion of Inventor(s).								
checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and								
is considered as being part of t						ation, see 37 CFK 1.03(0	1)(2) alla	
application and is hereby incor								
	-			e-identified	application	, amend the specification	n at Page 1,	
after the title, by inserting the following:								
CROSS REFERENCE TO RELATED APPLICATION Reference is made to and priority claimed from U.S. Provisional Application Serial No.,								
filed, entitled.								
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:								
11. Continuation Divisional X Continuation-in-part (CIP) of prior application No: 10/040,663								
12. X Please address all w	ritten co	mmunicatio	ns to Mark G.	Bocchetti, F	atent Lega	al Staff,		
Eastman Kodak Con								
Please Direct all tele	_			585-588-272	20.			
The filing fee has been calcula	~			. T . D.	mr I	EEE		
FOR: BASIC FEE	NO	. FILED	NO. EXTR.	A RA	IE	FEE \$ 770		
TOTAL CLAIMS	28	- 20 =	8	x 1	3 =	\$ 144		
INDEPENDENT CLAIMS	7	- 3 =	4	x 8		\$ 344		
MULTIPLE DEPENDEN	T CLA	IM PRESEN	VTED	-	+ 290	\$ 0		
				T	OTAL	\$ 1258		
X Please charge my Eastma			Deposit Accou			amount of \$ 1258		
X The Commissioner is her		-				ed under		
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.								
A duplicate copy of this sheet is and osed								
Nelson A. Blish/tmp Attorney for Applicants								
•					gistration No. 29,134			

Facsimile: 585-477-4646